

ference of circulation, meningitis, the impregnation of the brain by toxic products of disassimilation, surrounding inflammation and many other causes. Finally the author concludes, with Ball, that when a true psychosis is found associated with a cerebral tumor, there is every reason to believe that the association is a simple coincidence.

2. *Psychology of Memories* (concluded).—An experimental study confined solely to the domain of psychology and having little interest from the standpoint of psychiatry. WM. A. WHITE (Binghamton, N. Y.)

MISCELLANY

HYPNOTICS AND THEIR DANGERS. Dr. Nestor Tirard (Lancet, April 11, 1903).

In a treatise on some dangers of hypnotics the author draws the following conclusions: He says that he is convinced that in the employment and in the selection of a hypnotic sleeplessness is perhaps the least important factor to be considered, although it may be the sole symptom of which complaint is made. The cause must be ascertained, together with any indications of idiosyncrasy. The co-existence of other diseases must influence the selection of the hypnotic, and even when, for the individual case, a suitable hypnotic has been found, risks of repeating moderate doses must be borne in mind. Generally the dose has to be gradually increased, especially when the cause has not been ascertained or satisfactorily dealt with, but with some drugs, e.g., sulphonal, trional and tetronal, the danger appears to lie in the total quantity taken, even though each dose may have been small. But perhaps the greatest danger of all is incurred when the patient is given a prescription for a hypnotic, and this danger has certain analogies with the medicinal employment of alcohol. Many of us believe that at the height of fever or in conditions of collapse, alcohol is often necessary, but it is never recommended to our patients for indefinite use, still less for increasing doses. Armed with a prescription for a hypnotic patients commonly go on taking the drug long after the relief of the special circumstance for which it was prescribed, and the prescription may be used to facilitate the acquisition of large quantities of a dangerous drug obtained, perhaps, at several establishments in small amounts. Notwithstanding the relief which many have derived from the use of hypnotics, he is in favor of any step which tends to prevent their administration, except by the medical man or under his immediate directions. He has seen so much of the dangers of hypnotics that he would prohibit their sale to the public or would allow them only to be dispensed to a freshly-dated prescription, which should be retained by the druggist or returned to the prescriber. JELLIFFE.

NERVE SUTURE AND NERVE DEGENERATION. P. B. Henriksen (Lancet, April 11, 1903).

In a study on the subject of nerve suture and nerve degeneration, the author says, considering the question of whether a degenerated nerve can be supposed to be to some extent conducting: This question may be solved in two ways—either by proving conducting elements in the degenerated nerve or by proving effects of the nerve function during the degeneration period. According to what has formerly been mentioned, the new fibers must be supposed to be formed of elements in the peripheral part of the nerve. What are these elements, and at what time can they be shown as continuing courses fit for conducting a nerve impulse? When a nerve is divided the weight of a corresponding muscle will diminish rapidly. By weighing the muscle twelve days after dividing one peroneal nerve of a rabbit it was found that the muscle corresponding to the divided nerve weighed 4.77 grams, while the muscle on the other side weighed 6.98

grams—a difference of 33 per cent. When the nerve is united again motility comes earlier than the electrical reaction. In several of the experiments the difference seemed to be considerable, as the animals could use the operated limb as well as the other limb long before electrical reaction was observed. If the muscles have thus resumed their activity, and in consequence of a return of nerve conduction, one may suppose that this also may be shown by changes in the microscopical appearance of the muscles or in the cessation of atrophy or by increasing weight. To examine these circumstances, the third series of experiments was made in the following way: The peroneal nerve was divided on both sides. On the one side one of the ends was pulled out through the slit in the fascia and fixed subcutaneously, while the slit for the rest was closed with catgut. In this way the nerve was prevented from uniting. On the other side the divided nerve was permitted to unite. The animals were killed after some days' interval, and both the united nerve and the central and peripheral ends of the non-united nerve were hardened for microscopical examination. The muscles supplied by the peroneal nerve were carefully dissected out as similarly as possible on both sides and were then immediately weighed. A piece of the muscles was cut out from corresponding places of the muscles on both sides and hardened in formalin for microscopical examination.

JELLIFFE.

MASSAGE IN LOCOMOTOR ATAXIA. Dr. de Frumerie (*Le Progrès Médical*, Feb. 28, 1903).

In every manual treatment it is necessary first to determine whether the effect desired is stimulation or sedation. In tabes the author confines his massage to sedative measures, avoiding any brusque or energetic movements which so often lead to hyperesthesia. The suitable types of manipulation for this disease are superficial or deep effleurage, vibratory motion of the abdominal viscera, and prolonged compression, the last sometimes overcoming the lightning pains when energetic measures have had no effect. For paralysis of the bladder the organ should be emptied of its infected urine and one-third filled with boric acid solution; then the curved fingers are pressed down behind the pubes and gentle tremulous motion set up. The perineal region may be subjected to effleurage and continuous pressure. When there are contractures, one must avoid the contracted muscles, the flexors, and by every means possible try to strengthen their antagonists, the extensors. The flexors then should be slowly and cautiously stretched by passive motion. Where there are no special contractures, a general stretching or extension may be brought about as follows: The patient lies on a bed and places the feet against the chest of the operator; then, without bending his knees, he is seized by the hands and pulled forward, the operator at the same time giving him a tremulous movement. This affects the spinal cord, the sciatics, the ligamentous and muscular tissues of the back, and the brachial plexus, without fear of injury to the femoral neck, which is so fragile in certain tabetics.

BASTEDO.

MYASTHENIA GRAVIS. Charles S. Myers (*Journal of Pathology and Bacteriology*, Sept., 1902).

Three signs may be described as pathognomonic of myasthenia gravis. They are (1) ready fatigue of certain or general voluntary movements either to a succession of tetanizing currents applied to the nerve or to volitional impulses descending from the brain. (2) The exacerbations and remissions shown in the course of the disease, and (3) the tendency to a fatal implication of the muscles innervated by the bulb. To these must be added other very important general signs mainly of a negative character. (4) There is no reaction of degeneration; the muscles react to a faradic current of normal intensity, or more often require one somewhat stronger